

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.9			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67	88		*****	7	9			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2169	*****		*****	231	*****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	63	81		*****	7	9			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1764	*****		*****	187	*****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ID0020842

PERMIT NUMBER

001-A

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge ☐

MONITORING PERIOD

MM/DD/YYYY

09/01/2014

MM/DD/YYYY

09/30/2014

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.3			Quarterly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.33			Quarterly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.04			Quarterly	COMP24
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	100			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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(SUBR 01)  
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External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.07	.3			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.1			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	120		*****	8	13			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2328	*****		*****	238	*****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	63	73		*****	6	8			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1994	*****		*****	202	*****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.3			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	30			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.07	.13			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14.8			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	87	112		*****	8	9			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2595	*****		*****	226	*****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	74	87		*****	6	7			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1559	*****		*****	136	*****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total [as CN]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cyanide, total [as CN]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00720 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
01002 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.19			Twice per Year	COMP24
01027 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.66			Twice per Year	COMP24
01034 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17			Twice per Year	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	51.1			Twice per Year	COMP24
01042 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.19			Twice per Year	COMP24
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.46			Twice per Year	COMP24
01051 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.43			Twice per Year	COMP24
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.69			Twice per Year	COMP24
01067 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.48			Twice per Year	COMP24
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.66			Twice per Year	COMP24
01077 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190			Twice per Year	COMP24
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	180			Twice per Year	COMP24
01092 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	10			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.08	.2			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.27			Twice per Year	COMP24
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.5			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	225	561		*****	12	21			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3332	*****		*****	213	*****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	96	156		*****	6	7			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1586	*****		*****	94	*****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.4			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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				MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
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ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.42			Quarterly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.15			Quarterly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.4			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.43			Quarterly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.15			Quarterly	COMP24
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	50			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.14			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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01/01/2015	01/31/2015

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.4			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	217	458		*****	11	14			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3031	*****		*****	175	*****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	160	368		*****	7	12			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1190	*****		*****	67	*****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.1			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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SANDPOINT, ID 83864  
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ID0020842	001-A
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MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	100			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.07	.27			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
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ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	308	781		*****	10	16			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4743	*****		*****	185	*****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	169	325		*****	6	7			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1589	*****		*****	70	*****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.5			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	60			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.08	.24			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.5			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	160	403		*****	9	21			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3783	*****		*****	220	*****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	110	334		*****	6	10			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1382	*****		*****	81	*****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.8			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.53			Quarterly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.6			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.52			Quarterly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.32			Quarterly	COMP24
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	25			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.09	.24			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	189	212		*****	14	19				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2246	*****		*****	165	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	93	118		*****	6	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1412	*****		*****	102	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	*****		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.09	.48			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.5			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	126	157		*****	13	16			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2760	*****		*****	290	*****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.6			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	46	67		*****	5	8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1685	*****		*****	177	*****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31.7			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total [as CN]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cyanide, total [as CN]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00720 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01002 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.155				
01027 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24

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ID0020842	001-A
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05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83864  
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External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.11			Twice per Year	COMP24
01034 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.2			Twice per Year	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	89.2			Twice per Year	COMP24
01042 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.26			Twice per Year	COMP24
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.46			Twice per Year	COMP24
01051 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.27			Twice per Year	COMP24
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.78			Twice per Year	COMP24
01067 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24

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05/01/2015	05/31/2015

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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.82			Twice per Year	COMP24
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.93			Twice per Year	COMP24
01077 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82			Twice per Year	COMP24
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	180			Twice per Year	COMP24
01092 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.08	.5			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB

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ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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ID0020842	001-A
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MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	125	168		*****	14	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2789	*****		*****	331	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.6		2		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	51	120		*****	6	12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1761	*****		*****	211	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.63				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	33.5				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.65				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.46				
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	180				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1	*****		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.08	1.05			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	175	191		*****	22	37				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3581	*****		*****	432	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	30	36		*****	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1883	*****		*****	235	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.73				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	55				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.09	*****		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.08	.55				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	114	128		*****	15	17				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2743	*****		*****	357	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	49	78		*****	6	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1885	*****		*****	246	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	50				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	*****		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.27			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	136	179		*****	18	23				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2620	*****		*****	341	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	83	125		*****	11	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1750	*****		*****	228	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	51.5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	56				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.98				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.78				
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	230				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	*****		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.06	.22			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	123		*****	14	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2969	*****		*****	396	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40	48		*****	5	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1718	*****		*****	229	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30.7				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
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ADDRESS: 1123 WEST LAKE STREET  
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FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
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10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
TO THE PEND OREILLE RIVIE  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	*****		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.3			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)